Iowa Department of Human Services

Terry E. Branstad Governor Kim Reynolds Lt. Governor Charles M. Palmer Director

INFORMATIONAL LETTER NO.1191

TO: Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner,

Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community Mental Health, Family Planning, Residential Care Facility,

ICF MR State and Community Based ICF/MR Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

DATE: November 30, 2012

SUBJECT: Iowa Medicaid Pharmacy Program Changes

EFFECTIVE: January 1, 2013

1. Changes to the Preferred Drug List (PDL)¹ Effective January 1, 2013

<u>Preferred</u>	Non-Preferred	Recommended	Non-
			Recommended
Adapalene ¹	Advicor [®]	Lamivudine/Zidovudine	Combivir ^{®4}
Albuterol Sulfate	Akne-Mycin ^{®1}	Nevirapine 200mg	Norvir® Tablets8
0.63mg/3ml ²		Tablets	
Alclometasone	Androgel®		Stribild™
Astelin [®]	Arixtra ^{®1}		Viramune [®] 200mg Tablets ⁴
Benzoyl Peroxide-	Benzamycin [®] Pak ¹		
Erythromycin ¹			
BPO ^{®1}	Binosto ^{™1}		
Bromocriptine	Betaseron ^{®3}		
Bupropion 75mg &	Clarinex ^{®1}		
100mg Tablets			
Calcium Acetate	Cleocin [®] Oral Solution		
(phosphate binder)	75mg/5ml		
Ciprodex ^{®5}	Clobetasol Propionate		
Clindamycin-	Combivent® Respimat®		
Benzoyl Peroxide ¹			
Clindamycin Oral	Cortisporin [®] Otic		
Solution 75mg/5ml			
Enoxaparin ¹	Coumadin ^{®3}		
Escitalopram	Cubicin [®]		

Fondajarinux Desoximetasone Foradil® Differin® Differin® Gabapentin Oral Solution 250mg/5ml Hydrocortisone Butyrate Januvia® Emend® Januvia® Felbatol® Januvia® Felbatol® Januvia® Felbatol® Jentadueto® Fosrenol® Lescol® XL Geodon® Levemir® Halog® Levemir® Halog® Levenorgestrel & ethinyl estradiol (91 day) Malathion Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®3 Metrogel®¹ Lexapro® Cream¹ Noweza® Lovenox®¹ Lumigan® Polymyxin-HC Otic Olux® Maxalt® Maxalt* MetroCream®¹ Suspension 300mg/5ml Moxeza® Naratriptan¹ MetroCream®¹ Suspension 250mg/5ml Moxeza® Naratriptan¹ Parcopa® Relpax® Neuron® Suspension 250mg/5ml Patanase® Omeclamox Pax® Parcopa® Pa	Felbamate	Derma-Smoothe/FS®	
Foradil® Differin®¹ Gabapentin Oral Solution 250mg/5ml Hydrocortisone Butyrate Janumet®¹ Emend®¹ Januwia®¹ Felbatol®⁵ Jentadueto®¹ Filocinolone Latuda® Fosreno® Levomir® Halog® Levonorgestrel & ethinyl estradiol (91 day) Malathion¹ Humalog® Kwikpen™ Methylergonovine Humalog® Kwikpen™ Metrogel®¹ Kadian®³ Metronidazole Cream¹ Cream¹ Moxeza® Lovenox®¹ Neomycin-Polymyxin-HC Otic Olux® Maxalt*IMLT®¹ Oyana® ER Maxalt-MLT®¹ Oyana® ER Neupro® Paroxetine Oral Suspension Patanase® Omeclamox Pak® Procentra® Parodel® Parodel® Parodel® Parodel® Neupro® Parodel® Neupro® Parodel® Neuronidasole Cream¹ Oyana® ER Maxalt-MLT®¹ Daysension Solomy/5ml Patanase® Omeclamox Pak® Procentra®¹ Parodel® Paropassion Solomy/5ml Patanase® Omeclamox Pak® Procentra®¹ Parodel® Parozentra®¹ Parodel® Tazorac®¹ Pariodel® Pariole Suspension Paximore Parodel® Parodel® Tazorac®¹ Paximore Paximore Paximore Neuronida Suspension Paximore Parodel® Tazorac®¹ Paximore Pa			
Gabapentin Oral Solution 250mg/5ml Hydrocortisone Butyrate Janumet®1 Emend®1 Januvia®1 Felbatol®6 Jentadueto®1 Fluccinolone Latuda® Fosrenof® Lescol® XL Geodon® Levenir® Hallog® Levenir® Hallog® Levenorgestrel & ethiniyl estradiol (91 day) Malathion¹ Humalog® Kwikpen™ Methylergonovine Humalog® Kwikpen™ Metrogel®1 Kadian®3 Metronidazole Cream¹ Kadian®3 Metronidazole Cream¹ Lovenox®1 Neomycin- Polymyxin-HC Otic Olux® Maxalt®1 Opana® ER Maxalt-MLT®1 Oxcarbazepine Oral Suspension 300mg/5ml Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®1 Paricopa® Paroyama Suspension 10mg/5ml Parazora©1 Paricopa® Paroxedie Paricopa®1 Paricopa®2 Paroxedie Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®1 Paricopa® Paroxedie Paricopa®2 Paroxedie Paricopa®3 Paroxedie Paricopa®3 Paroxedie Paricopa®3 Parozora®4 Parocopa®4 Parocopa®4 Parocopa®4 Parocopa®4 Parocopa®4 Parocopa®4 Parocopa®6 Paroxedie Paricopa®6 Paroxedie Paricopa®7 Paricopa®7 Paroxedie Paricopa®7 Parico	Foradil®	Difforin ^{®1}	
Solution 250mg/5ml Hydrocortisone Butyrate Janume ^[67] Januwia ^[67] Jentadueto ^[67] Jentadueto ^[67] Lescol ^[68] Lescol ^[68] Levemir ^[68] Hallog ^[68] Levemir ^[68] Hallog ^[68] Levemir ^[68] Hallog ^[68] Levemir ^[68] Humalog ^[68] Kwikpen TM Methylergonovine Mus 50/50¹ Metrogel ^[68] Metronidazole Cream¹ Noemycin- Polymyxin-HC Otic Olux Maxalt ^[68] Oyana ^[68] Mexalt-MLT ^[68] Noxeza ^[68] Naratriptan¹ Noxeza ^[68] Naratriptan¹ Pancreaze ^[68] Neupro ^[68] Neupro ^[68] Neupro ^[68] Naratriptan¹ Pancreaze ^[68] Neupro ^[68] Neupro ^[68] Neupro ^[68] Naratriptan¹ Pancreaze ^[68] Neupro ^[68] Neupro ^[68] Paropasion Suspension Suspension Suspension Suspension Suspension Suspension Suspension Suspension Patanase ^[68] Omeclamox Pak ^[68] Paropasi ^[68] Pa		Diprolono®	
Hydrocortisone Butyrate Butyrate Janumet® Felbatol® Jentadueto® Fluocinolone Latuda® Fosrenol® Lescol® XL Geodon® Levemir® Halog® Levemir® Halog® Leveningestrel & ethinyl estradiol (91 day) Malathion Metrogel® Kadian® Metronidazole Cream¹ Noweza® Neomycin- Polymyxin-HC Otic Olux® Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Neupro® Neurontin® Oral Solution Suspension 10mg/5ml Patanase® Oreclamove Paroxoel® Parole® Neupro® Nercopa® Nercopa® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra® Paropa® Paro		Diprolene	
Butyrate Janumet®¹ Emend®¹ Januvia®¹¹ Felbatol®® Januvia®¹ Jentadueto®¹ Fluocinolone Januvia®¹ Latuda® Fosrenol® Lescol® XL Geodon® Levemir® Halog® Levenin® Levenin® Levonorgestrel & ethinyl estradiol Humalog® Pen¹ Humalog® Kwikpen™¹ Malathion¹ Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®³ Metrogel®¹ Kadian®³ Metroidazole Lexapro® Lexapro® Cream¹ Lumigan® Lumigan® Neomycin-Polymyxin-HC Otic Dlux® Maxalt®¹ Olux® Maxalt®¹ Oyana® ER Maxalt-MLT®¹ Oxcarbazepine Oral MetroCream®¹ MetroCream®¹ Suspension 300mg/5ml Meurontin® Oral Solution Paroxetine Oral Neurontin® Oral Solution 250mg/5ml® Paroxetine Oral Paropa® Parcopa® Procentra®¹ Parcopa® Parcopa® Tazorac®¹ Paxi® Oral Suspension Tazorac®¹ Paxi® Oral Suspension		Davianav®	
Janumet ^{®1} Emend ^{®1} Felbatol ^{®6} Januvia ^{®1} Felbatol ^{®6} Fluocinolone Latuda [®] Fosrenol [®] Lescol [®] XL Geodon [®] Levemir [®] Halog [®] Levonorgestrel & ethinyl estradiol (91 day) Malathion' Humalog [®] Kwikpen [™] Mix 50/50¹ Metrogel ^{®1} Kadian ^{®3} Levapros Metrojel ^{®1} Kadian ^{®3} Lexapros Metronidazole Lexapros Cream¹ Cream¹ Lumigan [®] Lumigan [®] Pen's Maxishinharia Radian ^{®3} Metronidazole Cream¹ Suspension Olux [®] Maxishinharia Maxishinharia Suspension Moxeza [®] Lovenox ^{®1} Neurottin [®] Cream ^{®1} Suspension Moxeza [®] Naratriptan¹ Suspension Neomycinharia Suspension Moxeza [®] Naratriptan¹ Neurottin [®] Oral Solution Suspension 10mg/5ml Parcopa [®]		Dovonex	
Januvia®¹ Felbatol®® Jentadueto®¹ Fluocinolone Latuda® Fosrenol® Lescol® XL Geodon® Levemir® Halog® Levemir® Levemir® Halog® Levemir® Humalog® Pen¹ Humalog® Pen¹ Humalog® Kwikpen™ Malathion¹ Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®3 Lexapro® Lexapro® Lovenox®¹ Lovenox®¹ Lovenox®¹ Moxeza® Lovenox®¹ Lovenox®¹ Lovenox®¹ Lovenox®¹ Maxalt®¹ Opana® ER Maxalt-MLT®¹ Maxalt®¹ Opana® ER Maxalt-MLT®¹ Metrocream®¹ Moxeza® Naratriptan¹ Pancreaze® Neupro® Neup	Butyrate	(R)1	
Jentadueto®¹ Fluocinolone Latuda® Fosrenoſ® Lescoſ® XL Geodon® Levemir® Halog® Levonorgestrel & ethinyl estradiol (91 day) Humalog® Pen¹ Malathion¹ Humalog® Kwikpen™¹ Methylergonovine Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®³ Metronidazole Cream¹ Lexapro® Neomycin-Polymyxin-HC Otic Lumigan® Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension MetroCream®¹ Suspension 300mg/5ml Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Neurontin® Oral Solution 250mg/5ml® Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodeſ® Tazorac®¹ Paxil® Oral Suspension	Janumet	Emend	
Letuda® Fosrenol® Levemir® Halog® Levonorgestrel & ethinyl estradiol (91 day) Malathion¹ Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®³ Metronidazole Cream¹ Kadian®³ Metronidazole Cream¹ Lumigan® Lumigan® Maxalt®¹ Maxalt®¹ Neomycin-Polymyxin-HC Otic Olux® Maxalt®¹ Maxalt-MLT®¹ MetroCream®¹ Maxalt-MLT®¹ Opana® ER Maxalt-MLT®¹ MetroCream®¹ Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Paxil® Oral Suspension Relpax®¹ Parlodel® Paxil® Oral Suspension Tazorac®¹ Paxil® Oral Suspension	Januvia [®] '		
Lescol® XL Geodon® Levenrir® Halog® Levonorgestrel & ethinyl estradiol (91 day) Malathion¹ Humalog® Kwikpen™ Humalog® Kwikpen™ Mix 50/50¹ Kadian®³ Metrogel®¹ Kadian®³ Metrogiace Cream¹ Lexapro® Cream¹ Lumigan® Moxeza® Lovenox®¹ Lumigan® Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ MetroCream®¹ Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 250mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa®¹ Relpax®¹ Parlodel® Paxil® Oral Suspension 1 Omeclamox Pak® Parcopa®¹ Relpax®¹ Parlodel® Paxil® Oral Suspension 1 Tazorac®¹ Paxil® Oral Suspension	Jentadueto [®]		
Levemir® Halog® Pen¹ Levonorgestrel & ethinyl estradiol (91 day) Malathion¹ Humalog® Kwikpen™ Methylergonovine Humalog® Kwikpen™ Mix 50/50¹ Metronidazole Cream¹ Lexapro® Metronidazole Cream¹ Lumigan® Moxeza® Lovenox®¹ Neomycin- Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension Moxeza® Naratriptan¹ Parcreaze® Neupro® Paroxetine Oral Suspension Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension Tazorac®¹ Paxil® Oral Suspension	Latuda®	Fosrenol®	
Levonorgestrel & ethinyl estradiol (91 day) Malathion' Humalog® Kwikpen™ Methylergonovine Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®³ Metronidazole Lexapro® Cream¹ Lovenox®¹ Neomycin- Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Paxil® Oral Suspension Relpax®¹ Paxil® Oral Suspension Relpax®¹ Paxil® Oral Suspension		Geodon®	
ethinyl estradiol (91 day) Malathion' Methylergonovine Mix 50/50¹ Metrogel®¹ Kadian®³ Metronidazole Cream¹ Moxeza® Lovenox®¹ Neomycin- Polymyxin-HC Otic Olux® Opana® ER Maxalt-MLT®¹ Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 250mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Pariodel® Tazorac®¹ Paxil®Oral Suspension Relpax®¹ Pariodel® Paxil®Oral Suspension	Levemir [®]		
ethinyl estradiol (91 day) Malathion' Humalog® Kwikpen™ Methylergonovine Mix 50/50¹ Metrogel®¹ Kadian®³ Metronidazole Cream¹ Moxeza® Lovenox®¹ Neomycin- Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil®Oral Suspension	Levonorgestrel &	Humalog [®] Pen ¹	
(91 day)			
Malathion ⁷ Humalog® Kwikpen™ Metrylergonovine Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Metronidazole Lexapro® Cream¹ Lovenox®¹ Moxeza® Lovenox®¹ Neomycin-Polymyxin-HC Otic Lumigan® Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension MetroCream®¹ 300mg/5ml Maratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension Neurontin® Oral Solution 10mg/5ml 250mg/5ml6* Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension Tazorac®¹ Paxil® Oral Suspension			
Methylergonovine Humalog® Kwikpen™ Mix 50/50¹ Metrogel®¹ Kadian®³ Metronidazole Cream¹ Lexapro® Moxeza® Lovenox®¹ Neomycin-Polymyxin-HC Otic Lumigan® Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension 300mg/5ml MetroCream®¹ Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Neurontin® Oral Solution 250mg/5ml ⁶ Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Pariodel® Tazorac®¹ Paxil® Oral Suspension	Malathion ⁷	Humalog [®] Kwikpen™ ¹	
Metrogel®1 Kadian®3 Metronidazole Lexapro® Cream1 Moxeza® Lovenox®1 Neomycin- Polymyxin-HC Otic Olux® Maxalt®1 Opana® ER Maxalt-MLT®1 Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Neurontin® Oral Solution Suspension 250mg/5ml Patanase® Omeclamox Pak® Procentra®1 Parcopa® Relpax®1 Paxil® Oral Suspension		Humalog [®] Kwikpen™	
Metrogel®1 Kadian®3 Metronidazole Cream¹ Moxeza® Lovenox®1 Neomycin- Polymyxin-HC Otic Olux® Maxalt®1 Opana® ER Maxalt-MLT®1 Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 250mg/5ml Patanase® Omeclamox Pak® Procentra®1 Parlodel® Relpax®1 Parlodel® Tazorac®1 Paxil® Oral Suspension		Mix 50/50 ¹	
Metronidazole Cream¹ Lexapro® Moxeza® Lovenox®¹ Neomycin-Polymyxin-HC Otic Lumigan® Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension 300mg/5ml MetroCream®¹ Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Neurontin® Oral Solution 250mg/5ml ⁶ Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension Tazorac®¹ Paxil® Oral Suspension	Metrogel ^{®1}	Kadian ^{®3}	
Cream¹ Moxeza® Lovenox®¹ Neomycin- Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension Responsion Parlodel® Tazorac®¹ Paxil® Oral Suspension	Metronidazole	L exapro [®]	
Moxeza® Lovenox®¹ Neomycin- Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 250mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Paxorac®¹ Paxil® Oral Suspension Tazorac®¹ Paxil® Oral Suspension		20,000.0	
Neomycin- Polymyxin-HC Otic Olux® Maxalt®¹ Opana® ER Maxalt-MLT®¹ Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension	Moxeza [®]	Lovenox ^{®1}	
Polymyxin-HC Otic Olux® Maxalt®1 Opana® ER Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®1 Parlodel® Tazorac®1 Paxil® Oral Suspension		Lumigan®	
Opana® ER Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Paroxetine Oral Suspension 250mg/5ml6 Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension		Lamgan	
Opana® ER Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Paroxetine Oral Suspension 250mg/5ml6 Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension	Olux®	Mayalt ^{®1}	
Oxcarbazepine Oral Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension Paxil® Oral Suspension	Onana® FR	Mayalt-MI T ^{®1}	
Suspension 300mg/5ml Moxeza® Naratriptan¹ Pancreaze® Neupro® Paroxetine Oral Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension	•		
300mg/5mlMoxeza®Naratriptan¹Pancreaze®Neupro®Paroxetine OralParoxetine OralNeurontin® Oral SolutionSuspension250mg/5mlPatanase®Omeclamox Pak®Procentra®¹Parcopa®Relpax®¹Parlodel®Tazorac®¹Paxil® Oral Suspension		livietioGream	
Moxeza®Naratriptan¹Pancreaze®Neupro®Paroxetine Oral Suspension 10mg/5mlNeurontin® Oral Solution 250mg/5ml6Patanase®Omeclamox Pak®Procentra®¹ Relpax®¹Parlodel®Tazorac®¹Paxil® Oral Suspension			
Pancreaze®Neupro®Paroxetine Oral Suspension 10mg/5mlNeurontin® Oral Solution 250mg/5mlPatanase®Omeclamox Pak®Procentra®1 Relpax®1Parcopa®Relpax®1 Tazorac®1Parlodel®Paxil® Oral Suspension	Moyozo®	Norotripton ¹	
Paroxetine Oral Solution Suspension 250mg/5ml Description Suspension 250mg/5ml Solution 250mg/5ml Description Solution 250mg/5ml Solution 250mg/5m		6	
Suspension 10mg/5ml Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension			
10mg/5ml Patanase® Omeclamox Pak® Procentra®1 Parcopa® Relpax®1 Parlodel® Tazorac®1 Paxil® Oral Suspension			
Patanase® Omeclamox Pak® Procentra®¹ Parcopa® Relpax®¹ Parlodel® Tazorac®¹ Paxil® Oral Suspension		250mg/5ml°	
Procentra®1 Parcopa® Parlodel® Relpax®1 Parlodel® Paxil® Oral Suspension	10mg/5ml		
Relpax ^{®1} Parlodel [®] Paxil [®] Oral Suspension	Patanase [®]	Omeclamox Pak®	
Tazorac ^{®1} Paxil [®] Oral Suspension	Procentra	Parcopa	
	Relpax®		
1.10mg/5ml	Tazorac ^{®1}	· · · · · · · · · · · · · · · · · · ·	
TOTHIG/TOTHI		10mg/5ml	
Tegretol® XR Pioglitazone	Tegretol® XR	Pioglitazone	
Testim [®] Pioglitazone/Metformin	Testim [®]	Pioglitazone/Metformin	
Topicort [®] ProAir [®] HFA	Topicort [®]	ProAir [®] HFA	
Vvtorin [®] Ravos ^{®1}	Vytorin®	Rayos ^{®1}	
Ziprasidone Rebif ^{®3}		Rebif ^{®3}	
Restoril [®] 22.5mg ¹	,		

Spinosad	
Stalevo [®]	
Sumatriptan Nasal Spray ¹	
Temazepam 22.5mg ¹	
Trileptal [®] Oral Suspension	
300mg/5ml ⁶	
Valurna ^{®1}	
Viokace [®]	
Wellbutrin [®] 75mg &	
100mg Tablets	

¹Clinical PA Criteria Apply

- **2. New Drug Prior Authorization Criteria-** See prior authorization criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.
 - Vemurafenib (Zelboraf[™]): Prior authorization is required for Zelboraf[™]
 (Vemurafenib). Payment will be considered for patients when the following criteria are met:
 - 1. Patient is 18 years of age or older; and
 - 2. Has a diagnosis of unresectable or metastatic melanoma with BRAF^{V600E} mutation as detected by an FDA-approved test; and
 - 3. Prescriber is an oncologist.

If the criteria for coverage are met, authorizations will be given at three (3) month intervals. Updates on disease progression must be provided with each renewal request. If disease progression is noted, therapy will not be continued.

- 3. Changes to Existing Prior Authorization Criteria- Changes are italicized. See complete prior authorization criteria posted at www.iowamedicaidpdl.com under the Prior Authorization Criteria tab.
 - Biologicals for Arthritis: Prior authorization is required for biologicals used for arthritis. Patients initiating therapy with a biological agent must 1) be screened for hepatitis B and C, patients with active hepatitis B will not be considered for coverage; 2) have not been treated for solid malignancies, nonmelanoma skin cancer, or lymphoproliferative malignancy within the last 5 years of starting or resuming treatment with a biological agent; 3) not have a diagnosis of congestive heart failure (CHF) that is New York Heart Association (NYHA) class III or IV with an ejection fraction of 50% or less; and 4) be screened for latent TB infection, patients with latent TB infection will only be considered after one month of TB treatment and patients with active

²Preferred for members < 2 years of age

³Grandfather Existing Users

⁴Select Brand Name Drug PA Required

⁵Preferred for members < 8 years of age

⁶Grandfather Existing Users with Seizure Diagnosis

⁷Requires 2 trials of a preferred topical permethrin product in past 30 days

⁸PA Required- Use Capsules

TB will only be considered upon completion of TB treatment. Payment will be considered under the following conditions:

A diagnosis of rheumatoid arthritis (RA) (Humira, Enbrel, Actemra, Cimzia, Kineret, Orencia, Remicade, Simponi)

-A *trial and* inadequate response to two preferred disease modifying antirheumatic drugs (DMARD) used *concurrently.* The combination must include methotrexate plus another preferred oral DMARD (hydroxychloroquine, sulfasalazine, leflunomide, or minocycline).

-Upon an unsuccessful methotrexate trial *in patients with established RA*, the combination trial with a second DMARD may be overridden if there is evidence of severe disease documented by radiographic erosions.

A diagnosis of moderate to severe psoriatic arthritis (Enbrel, Humira, Remicade, Simponi)

-A trial and inadequate response to the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).

A diagnosis of moderate to severe juvenile idiopathic arthritis (Enbrel, Humira, Actemra, Orencia)

-A trial and inadequate response to intraarticular glucocorticoid injections and the preferred oral DMARD, methotrexate (leflunomide or sulfasalazine may be used if methotrexate is contraindicated).

The required trials may be overridden when documented evidence is provided that use of these agents would be medically contraindicated.

Payment for non-preferred biologicals for arthritis will be considered only for cases in which there is documentation of previous trials and therapy failures with two preferred biological agents.

- 4. Coverage of Benzodiazepines and Barbiturates by Medicare Part D: Effective January 1, 2013, Part D will cover barbiturates (used in the treatment of epilepsy, cancer, or a chronic mental health disorder) and benzodiazepines. As a result, they will be removed from coverage by Iowa Medicaid.
- 5. Point of Sale (POS) Billing Issues:
 - **a. Abilify Quantity Limits:** Tablet splitting will be required for all strengths of Abilify. Quantities above 15 tablets per 30 days will require prior authorization. Existing users of 20mg dose and above will be grandfathered.
 - **b. Step Therapy Edits for Atypical Antipsychotics:** Step therapy edits will be implemented for atypical antipsychotics.

Step 1: Preferred generic drugs

Step 2: Preferred brand name drugs

Step 3: Non-Preferred drugs

No manual PA will be required for preferred brand name drugs when the preferred generic trial is found in the member's pharmacy claims history in the past 12 months. All non-preferred drugs will require manual PA. Existing users will be grandfathered.

c. ProDUR age edits:

Drug Product	Age Edit	
Asmanex 110mcg	PA required > 12 years of age	
Brovana	PA required < 18 years of age	
Clorazepate	PA required < 9 years of age	
Complera	PA required < 18 years of age	
Dulera	PA required < 12 years of age	
Edurant	PA required < 18 years of age	
Eligard	PA required < 18 years of age	
Erivedge	PA required < 18 years of age	
Flurazepam	PA required < 15 years of age	
Foradil	PA required < 5 years of age	
Inlyta	PA required < 18 years of age	
Isentress 25mg Chewable Tablet	PA required > 12 years of age	
Isentress 100mg Chewable Tablet	PA required > 12 years of age	
Jakafi	PA required < 18 years of age	
Oxazepam	PA required < 6 years of age	
Perforomist	PA required < 18 years of age	
Revlimid	PA required < 18 years of age	
Serevent	PA required < 4 years of age	
Stribild	PA required < 18 years of age	
Zytiga	PA required < 18 years of age	

d. ProDUR Quantity Limits: The following quantity limit edits will be implemented effective January 1, 2013. A comprehensive list of all quantity limit edits appears on our website, www.iowamedicaidpdl.com under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Opana ER 5mg	60	30
Opana ER 7.5mg	60	30
Opana ER 10mg	60	30
Opana ER 15mg	60	30
Opana ER 20mg	60	30
Opana ER 30mg	60	30

e. Proper Billing of Synagis[®] **and flu vaccines:** As a reminder, Synagis[®] 50mg Injection and most flu vaccines should be billed as 0.5ml.

6. Preferred Brand Name Drugs on the PDL-Pharmacy Clarification:

When a status change occurs for a previously preferred brand name drug to non-preferred status, up to a *minimum* of 30 days transition period is given to pharmacies to help utilize existing brand name product in stock in an effort to decrease a pharmacy's remaining brand name drug inventory (see PDL comment section regarding transition periods exceeding 30 days). If additional stock remains beyond this time period, pharmacies may call the POS Helpdesk at 877-463-7671 or 515-256-4608 (local) to request an override for the non-preferred brand name drug with a recent status change.

7. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, www.iadur.org under the "Newsletters" link.

We encourage providers to go to the website at www.iowamedicaidpdl.com to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or email info@iowamedicaidpdl.com.